

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SER. NO. 10/541044		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/											
3		/											
4		/											
5		/											
6		/											
7		/											
8		/											
9		/											
10		/											
11		/											
12		/											
13		/											
14		/											
15		/											
16		/											
17		/											
18		/											
19		/											
20		/											
21		/											
22		/											
23		/											
24		/											
25		/											
26		/											
27		/											
28		/											
29		/											
30		/											
31		/											
32		/											
33		/											
34		/											
35		/											
36		/											
37	/												
38		/											
39		/											
40		/											
41		/											
42		/											
43		/											
44		/											
45		/											
46		/											
47		/											
48		/											
49		/											
50		/											
TOTAL IND.	3												
TOTAL DEP.	63												
TOTAL CLAIMS	66												
51		/											
52		/											
53		/											
54		/											
55		/											
56		/											
57		/											
58		/											
59		/											
60		/											
61		/											
62	/												
63		/											
64		/											
65		/											
66		/											
67													
68	/												
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													